



## Emergency Contact Information Form

In case of an emergency or if the school has difficulty reaching me, I give the school or its representatives permission to contact the following person(s):

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone(s): Cell \_\_\_\_\_  
Work \_\_\_\_\_  
Home \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone(s): Cell \_\_\_\_\_  
Work \_\_\_\_\_  
Home \_\_\_\_\_  
Email: \_\_\_\_\_

I understand that this information may be used in an emergency, disaster, evacuation, missing person situation, or any other time the school has difficulty reaching me. Below is my personal emergency contact information for similar use.

_____	_____	_____
Student Signature	Printed Name	Date
_____		
Student	_____	
Phone(s):	Cell	_____
	Work	_____
	Home	_____
Email(s):	_____	